

9076

2. Name of Corporation

A. Ralph Mollis, Secretary of State Corporations Division I 18 W. River Street Providence, Rt 02904-2615 401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011 Filing Period: January 1 - March 1 - Filing Fee: \$50.00\* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

TAVAROZZI

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00. L. Corporate ID No.

9076	TAVA	ROZZI i	BROS. INC.		
3. Street Address Principal Business Off 255 Hox  1. Business Phone No.	SIE A1	NE C	BROS- INC. WARWICK	State Z. I.	02889
1. Business Phone No. 401 738-8	2011	5. State of Incorporation	ODE ISLA		102867
6. Brief Description of the Character of	Business Conducted in R	bode Island	OUE ISLA	ND	
7. NAMES AND ADDRESSES (	OF THE OFFICERS:	("X" BOX FOR ATTA	(CHMENT)   FILL IN SPA	CES BEFORE USING AT	l'ACHMENTS
Louis F. TAVAROZZI			Vice President Name		
CRANSTON R. I. 202990			Street Address		
CRANSTON	State R. F.	Zip 02 <b>84</b> 03	CHy	State	Zip
			Treasurer Name		
Street Address			Street Address		
WARWICK SUR P. T. 102889					
WARWICK	State R-I	02889	Сйу	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name			ACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name		
Street Address			Street Address		
City	State	Ζip	City	State	Ζip
Director Name	******************		Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 200			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class Series	Par Value
			200	COMMON STOCK	0
This report must be avacuted as	- h-h-16 - 6-1	<del> </del>			
rms report must be executed on	r benair of the corpo	ration by an authorized	d representative. If the corpo	ration is in the hands of a	a receiver or trustee.
his report must be executed on	behalf of the corpor	ation by the receiver o	or trustee.		
this report must be executed on	behalf of the corpor	ration by the receiver o	r trustee.		
his report must be executed on	behalf of the corpor	ation by the receiver o	Under penalty of perjur	y, I declare and affirm that I	have examined this report,
FILED	behalf of the corpor	ation by the receiver o	Under penalty of perjur	rying schedules and stateme	have examined this report, nts, and that all statements
FILED	behalf of the corpor	ation by the receiver o	Under penalty of perjur including any accompar	rying schedules and stateme	have examined this report, nts, and that all statements
FILED  File Date JAN 27 2011  Check No By M	behalf of the corpor	ation by the receiver o	Under penalty of perjurincluding any accompanion to the contained herein are true.  Signature:  ARM.	rying schedules and stateme e and correct.	have examined this report.  Ints. and that all statements  I - 2 / -  Orde
FILED	87	ation by the receiver o	Under penalty of perjurincluding any accompar contained herein are tru	rying schedules and stateme e and correct.	have examined this report, nts, and that all statements  1-21-1  1-21-